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Talpeh**Fax Cover Page****Date:** March 26, 2002

	Name	Fax	Phone
To:	Examiner David Willse U.S. Patent Office	(703) 308-2708	(703) 308-2903

From:	Patricia R. Coleman James pcolemanjames@mdbe.com	(415) 393-2286	(415) 393-2168
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Pages (including this cover page): 9**Subject:** US Appln. No. 08/596,221 - Our File No. 23915-7319**Message:**

[X] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner **David Willse** at Facsimile No. **(703) 308-2708**.

Dated: 3-26-02 Name of Person Certifying:

Pam Pascual

Printed Name: Pam Pascual

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MAR 26 2002

GROUP 3700

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Docket No. 23915-7319

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[X] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner David Willis at Facsimile No. (703) 308-2708.

Dated: 3-26-02Name of Person Certifying: Pam Pascual

Printed Name: Pam Pascual

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas A. Silvestrini

Filing Date: July 15, 1996

Serial No.: 08/596,221

Title: SEGMENTED PLIABLE INTRASTROMAL CORNEAL INSERT

Assignee:

Examiner: D. Willse

Group Art Unit: 3738

Commissioner for Patents

Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In addition to the RCE filed March 13, 2002, enclosed herewith for filing are the following:

- ☒ A Preliminary Amendment [6] page(s)
- ☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.111 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.116 [] page(s)
- ☐ Other _____ [] page(s)

Also included are:

- ☐ A Petition for Extension of Time [] months [] page(s)
- ☐ Information Disclosure Statement
- [] page(s) of PTO-1449 [] copies of IDS citations
- ☐ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☐ Other: _____
- ☒ Return Postcard

Fee Calculation						
<input type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	15- 20	10	0	x \$18.00	x \$9.00	\$0.00
Independent claims	3- 3	3	0	x \$84.00	x \$42.00	\$0.00
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$280.00	\$140.00	\$0.00
Petition for Extension of Time Fee (___ months)						\$0.00
OTHER FEES _____ (specify)						\$0.00
TOTAL FEES =						\$0.00

☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

☐ A check in the amount of \$ _____ to cover the above fees is enclosed.

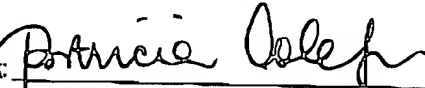
☐ Please charge Deposit Account No. 50-1193, Docket No. _____, in the amount of \$ _____ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1193, Docket No. 23915-7319. *A duplicate copy of this sheet is enclosed.*

DATE: 26 March 2002

Respectfully submitted,

By:



Patricia Coleman James
Registration No.: 37,155

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